



05/25/04

EXPRESS MAIL NO. EV449559428US

1642

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : William A. Horne and Tilman Oltersdorf
Application No. : 10/066,179
Filed : February 1, 2002
For : HUMAN BAD POLYPEPTIDES, ENCODING NUCLEIC ACIDS
AND METHODS OF USE

MAY 28 2004

TECH CENTER 1600/2900

Examiner : Minh Tam B. Davis
Art Unit : 1642
Docket No. : 480140.428C1
Date : May 24, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner for Patents:

In response to the Office Action dated February 25, 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Abstract begin on page 3 of this paper.

Remarks/Arguments begin on page 4 of this paper.



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**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

Application Number	10/066,179
Filing Date	February 1, 2002
First Named Inventor	William A. Horne
Art Unit	1642
Examiner Name	Minh Tam B. Davis
Attorney Docket No.	480140.428C1

MAY 28 2004

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ENCLOSURES (check all that apply)

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<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		_____

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	William T. Christiansen, Ph.D.	Customer Number 00500
Signature		
Date	May 24, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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